



ORUMA

UNITY FOR THE SERVICE OF HUMANITY

Application for Financial Aid

Run By Oruma Charitable Trust

(Reg.No. 794/2009)

Oruma House, No: 18/31, Palliyarasan Street, Opp. Kilpauk Water Tank,
New Avadi Road, Anna Nagar East, Chennai - 600102.

Ph: 044-26444015, 86670 29101

Date				Application No		19-20		
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RECOMMENDATION DETAILS

Name of the Recommender		Mobile	
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APPLICANT'S DETAILS

Beneficiary Name	
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Address	
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Sex		Age		Phone		Occupation/Standard	
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Number of Earning Persons		Monthly Family Income	
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DEPENDANTS' DETAILS

SL No	Name	Relation	Age	Occupation

APPLICATION DETAILS

Assistance or Help Required for (Tick Applicable):	<input type="checkbox"/> House Construction	<input type="checkbox"/> House Repair	<input type="checkbox"/> Medical Treatment
	<input type="checkbox"/> Job Aid	<input type="checkbox"/> Loan Repayment	<input type="checkbox"/> Education
	<input type="checkbox"/> Pension	<input type="checkbox"/> Rehabilitation	Sub Category _____ Others _____

Estimated Amount for Completion		Unit approved amount	Amount	Term
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Amount that can be taken by Self		Part Payment	
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Expected Amount from Oruma		Single Payment	
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Cheque in Favour	
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ENCLOSURES (Tick Applicable) (Minimum ID Proof Compulsory)

<input type="checkbox"/> Ration Card / Aadhaar Card	<input type="checkbox"/> Fee Details from the Institution
<input type="checkbox"/> Land Ownership Document	<input type="checkbox"/> Mark List of Course/Class completed
<input type="checkbox"/> Doctor's Prescription	<input type="checkbox"/> Admission Details of New Course
<input type="checkbox"/> Beneficiary Bank Account Xerox	

DECLARATION

I hereby declare that the information furnished above is TRUE and RELEVANT. Please take necessary actions on this application.

Place		Date		Signature	
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